

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M75788** (3)

1. Corporation Name

**ABELA LASER SYSTEMS, INC.**



Principal Place of Business

Mailing Address

% BRUCE BRASHEAR  
527 E. UNIVERSITY AVE.  
GAINESVILLE FL 32601

% BRUCE BRASHEAR  
527 E. UNIVERSITY AVE.  
GAINESVILLE FL 32601

2. Principal Place of Business  
21 920 N.W. 8th Ave.

2a. Mailing Address  
26 920 N. W. 8th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Gainesville, FL

28 Gainesville, FL

Zip

Zip

Country USA

Country USA

24 32601

29 32601

30

9. Name and Address of Current Registered Agent

10. Name and Address of Current Registered Agent

BRASHEAR, BRUCE  
527 E. UNIVERSITY AVE.  
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

920 N. W. 8th Ave.

83 Suite A

84 City Gainesville

FL

85 Zip Code 32601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Bruce Brashear*

Bruce Brashear, Registered

1-17-96

(NOTE: Registered Agent Signature required when reinstating)

Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
NAME ABELA, GEORGE S.  
STREET ADDRESS 1085 WORCESTER RD  
CITY-STATE-ZIP NATICK MA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

D, P

6201 Windrush Lane  
East Lansing, MI 48823

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*George S. Abela*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/96*

517-353-1754

Daytime Phone #

CR2E034 (12/95)